

Hope Church
KidStruction Zone 2023-2024
Registration Form

General Information:

Name _____ Birthdate _____ Grade (Fall 23) _____

Address _____ City, State, Zip _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

E-mail address _____

My child will: Be picked up by an adult Will walk home

If parents are unavailable in an emergency, please try to notify:

Name _____ Relationship _____

Home Phone _____ Cell _____

Medical Information:

Hospital Insurance: Yes No Insurance Company _____

Allergies: _____

Anything special we should know about your child? _____

Parental Consent/Liability Release (Release of all claims):

The undersigned, parent(s) or legal guardian(s) of the above named participant, hereby authorize his or her attendance at, participation in, and travel to and from all activities of this camp. I hereby give permission to the camp director or his representative to administer first aid, over the counter, and doctor-authorized medications. In the event I cannot be reached in a medical emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, administer medications, and to order necessary injections, anesthesia, or surgery for the above named participant.

Furthermore, we (I) (and on behalf of our (my) child participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) release Hope Church and their directors, officers, and agents from all liability for personal injury, sickness, or death, as well as property damage which may be incurred while participant is at the camp or traveling to or from the camp.

_____ Date _____ Legal Guardian _____ Date _____

_____ Date _____

Mother